



RELIGIOSITY AND QUALITY OF LIFE IN OLDER ADULTS: LITERATURE REVIEW

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Abstract: Older adults are living longer, often with one or more long-term health conditions which can impact their quality of life. In fact, a growing number of studies have shown a positive association between religion/spirituality and better quality of life for older adults. The aim of this paper is to examine the association between religiosity/spirituality and quality of life among older adults. In order to accomplish this objective, an integrative literature review will be made in which the following electronic databases were searched: Lilacs, Scielo, Medline, and Pubmed. The inclusion criteria were: studies written in English, Portuguese or Spanish, published between 2004 and 2012, containing themes pertaining to the research question as noted above, and having full texts freely available. The exclusion criteria were literature reviews and participants under 60 years of age. Only 12 studies met the inclusion criteria. In 75% of the studies, a positive association between religion/spirituality and

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quality of life was found. Three studies reported no association. Greater religious/spiritual involvement was associated with better quality of life among older adults, who reported increased life satisfaction, less depressive symptoms and pain, better cognitive function and increased general and/or health-related quality of life.

Keywords: Religion; quality of life; older adults.

Religiosidade e qualidade de vida em pessoas com idade avançada: revisão de literatura

Resumo: Pessoas com idade avançada estão vivendo mais, muitas vezes com mais condições de saúde a longo prazo, o que pode afetar sua qualidade de vida. Na verdade, um número crescente de estudos têm mostrado uma associação positiva entre a religião/espiritualidade e a melhor qualidade de vida para adultos. O objetivo deste trabalho é examinar a associação entre religiosidade/espiritualidade e qualidade de vida entre pessoas com idade avançada. A fim de alcançar este objectivo, uma revisão integrativa da literatura será feita na qual serão pesquisadas as seguintes bases de dados eletrônicas: Lilacs, Scielo, Medline e Pubmed (veja as palavras-chave abaixo). Os critérios de inclusão foram: estudos escritos em Português, Inglês ou Espanhol, publicado entre 2004 e 2012, contendo temas pertinentes à questão de pesquisa como mencionado acima, e tendo textos completos disponíveis gratuitamente. Os critérios de exclusão foram revisões de literatura e participantes com menos de 60 anos de idade. Apenas 12 estudos preencheram os critérios de inclusão. Todas as pesquisas de avaliação tiveram um aspecto transversal. Em 75% dos estudos, uma associação positiva entre a religião/espiritualidade e qualidade de vida foi encontrado. Três estudos não relataram nenhuma associação. Um maior envolvimento religioso/espiritual foi associado com melhor qualidade de vida entre pessoas de idade avançada, que relataram maior satisfação de vida, menos sintomas depressivos, menos dor, melhor função cognitiva e aumento da qualidade geral e/ou relacionada com a saúde.

Palavras-chave: Religião; qualidade de vida; idosos.

Over the last few decades, the aging population has grown at an unprecedented rate worldwide. Countries such as Brazil have seen a constant change in the demographic pattern. According to estimates for 2050, the proportion of the older adult population will be around 22.71% of the total population⁶. Related to this phenomenon is the process of epidemiological transition, which is characterized by a reduction in the number of cases of infectious diseases and a rise in the number of cases of chronic non-communicable diseases and their complications (BRASIL, 2010). All these changes may compromise to varying degrees the perception of well-being and quality of life of older adults. Quality of Life (QoL) is a subjective and multi-dimensional concept that has been used with different meanings. In the absence of a conceptual consensus, terms such as life satisfaction, well-being, happiness, good life, value of life, and functional status have been used as akin to the concept of quality of life (KIMURA; SILVA, 2009, p. 1098-104). The concept of health-related quality of life (HRQoL) was introduced to narrow the focus to the effects of health problems and therapeutic interventions on quality of life (MINAYO; *et al.*, 2000, p. 7-18). HRQoL can be defined as “the value assigned to the duration of life as modified by the impairments, functional states, perceptions and social opportunities that are influenced by disease, injury, treatment or policy” (WALKER; ROSSER, 1993). Narrowing the focus on “the value assigned to duration of life,” the concept of HRQoL represents a new framework in the context of health care, whose ultimate goal is not only to augment longevity, but also to provide quality to a longer survival (NETUVELI; BLANE, 2008, p. 113-126).

Evaluating HRQoL is critical in health care. A recent prospective cohort study of 2,373 participants (OTERO *et al.*, 2010, p. 15-23), representative of

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⁶ Informação retirada do site do IBGE. Disponível em: <http://bit.ly/1LkwCii>. Acesso em: 13 de jun. 2011.

the Spanish population aged 60 and older, concluded that changes in HRQoL measured by the SF-36 health questionnaire predicted mortality of older adults. This points to the importance of searching for possible determinants of a decline in HRQoL since it predicts a worse prognosis (OTERO *et al.*, 2010, p. 15-23). Several factors are identified as determining well-being in later life, such as longevity, physical health, mental health, satisfaction, cognitive control, social competence, productivity, activity, social status, income, family and occupational roles, and social networking (NERI, 2009, p. 285).

Another factor that has been identified in a number of studies on aging, health and QoL is the protective effect of religious/spiritual beliefs and practices. An increasing number of studies have showed positive correlation between religion/spirituality and quality of life (SAWATZKY *et al.*, 2005, p. 153-188). Besides its impact on quality of life, studies had shown that religion/spirituality has an impact on successful aging and well-being despite chronic degenerative diseases, neuropsychiatry, functionality, end of life and mortality (LUCCHETTI *et al.*, 2011, p. 316-322).

Religious and spiritual behaviors are common in old age. The situations experienced can yield stress, hopelessness and suffering, leading to a questioning of God's existence, the meaning and purpose of life (LOTUFO *et al.*, 2009, p. 292). Older adults tend to deeply value their religious beliefs and seek in them strategies to cope with the challenges of growing old (SOUZA, 2011). Religion/spirituality may directly or indirectly affect health because it generally provides an extensive social support network, a reduction of unhealthy behaviors such as alcohol, smoking and drug abuse, the lowering of blood pressure and muscle tension, and the promotion of positive emotional states. Because of that, there is a reduction of the need for health care among individuals who report a high level of religiosity or spirituality (ABDALA *et al.*, 2010, p. 77-98). Religion is defined as "beliefs, practices, and rituals related

to the Transcendent or the Divine” (KOENIG, 2011). This Transcendent can be God, Allah, HaShem, or a Higher Power (Western religious tradition) or Vishnu, Krishna, Buddha, Ultimate Truth or Reality (Eastern religious tradition). Spirituality is often viewed “positively and personally”, as being focused on “individuality”, as well as very broad and subjective (KOENIG, 2011). For example, there is an important need to distinguish the conceptual definition of spirituality in nursing research from that of spiritual care in a clinical environment, thus avoiding tautology in mental health outcomes, which means that spirituality can be confused with psychological positive aspects (REINERT; KOENIG, 2012, p. 2622-2634).

Taking into account all the evidence above and the fact that in Brazil 95% of the population report to practice a religion and 83% consider that practice very important (MOREIRA *et al.*; 2010, p. 12-15), the question used to guide this review was: is there any relationship between aspects of religiosity and quality of life among older adults?

Method

This integrative literature review focusing on religiosity/spirituality (R/S) and quality of life among aging adults was guided by the steps of Polit and Beck (POLIT; BECK, 2006). The methodology consisted of searching published references using the keywords: religion OR spirituality AND quality of life AND aged OR aged, 80 and over (Health Science Descriptors - DeCs and Medical Subject Headings - MeSH). Thus, between February and April 2013, the Virtual Health Library Search Portal was investigated, including the following databases: LILACS (Latin American and Caribbean Health Sciences Literature), SciELO (Scientific Electronic Library Online), Medline (Medical Literature Analysis and Retrieval System Online) as well as the U.S. National Library of Medicine.

This research made use of the latest definitions for the concepts it studied⁷¹⁸: 1) religion: “any doctrine that requires interpretation, commitment and faith, allowing for a practice geared towards ethical, aesthetic, and emotional goals. A religion is thus characterized by a philosophy and a body of moral principles derived from it and to be followed by the faithful”; 2) spirituality: “sensitivity or attachment to religious values or to the things of the spirit as opposed to material or worldly interests”; 3) quality of life: “generic concept which reflects a concern for the modification and improvement of the components of life, e.g. physical environment, political, moral and social development as well as the general condition of a human life”; 4) aged: “someone who is 60 years or older” – as established in the Brazilian Statute for Older Adults, law 10.741, art. 1 (BRASIL, 2003).

The inclusion criteria were: studies written in English, Portuguese or Spanish, published between 2004 and 2012, containing themes pertaining to the research question as noted above, and having full texts freely available. The exclusion criteria were literature reviews and participants under 60 years of age. The publications were analysed and classified by two evaluators.

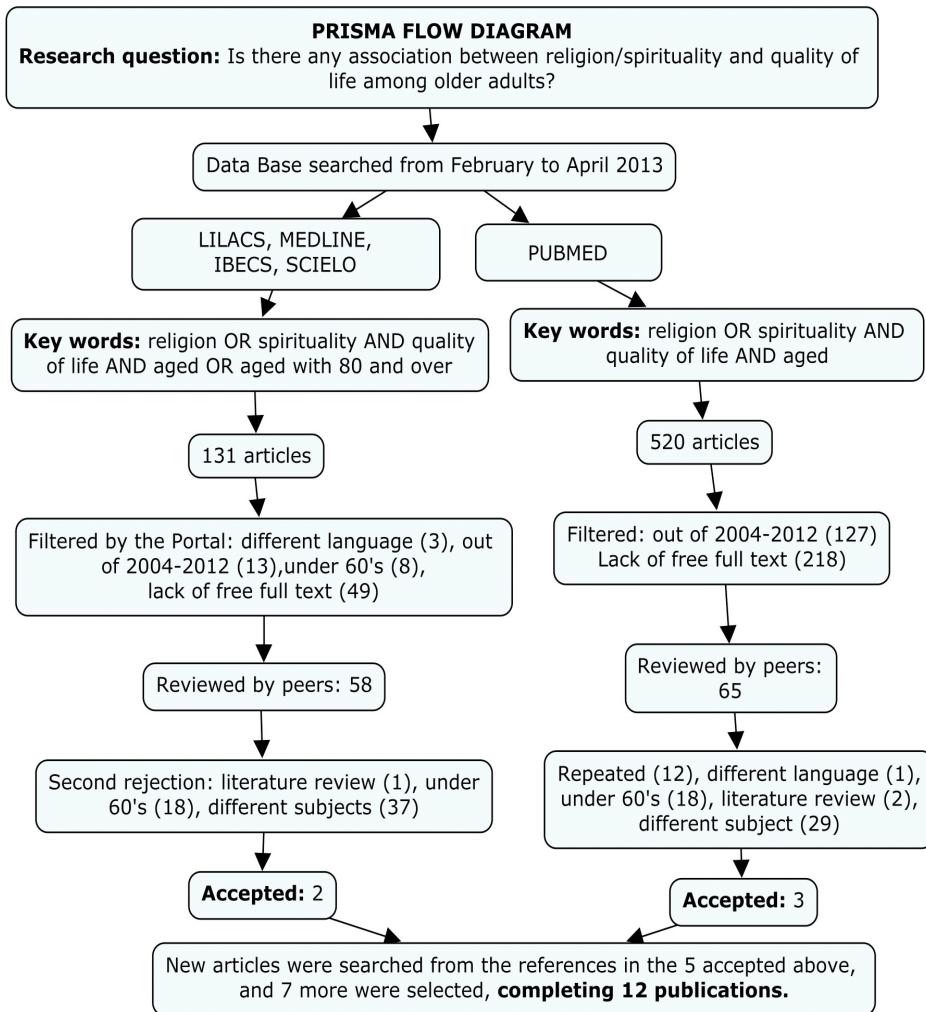
Results

The initial search yielded 123 references. Of these, 118 were rejected due to a lack of clarity in relation to the age of the participants, no mentions to religion or spirituality, or no focus on quality of life or health-related quality of life. New articles were searched from the references in the five accepted articles (POLIT; BECK, 2006), and 7 more met the selection criteria mentioned above. These were added to the previous five articles completing a total of 12 publications to be reviewed (Figure 1).

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 7 Informação retirada do site Descritores em Ciências da Saúde. Disponível em: <http://bit.ly/1jzoM88>. Acesso em? 23 abr. 2011.

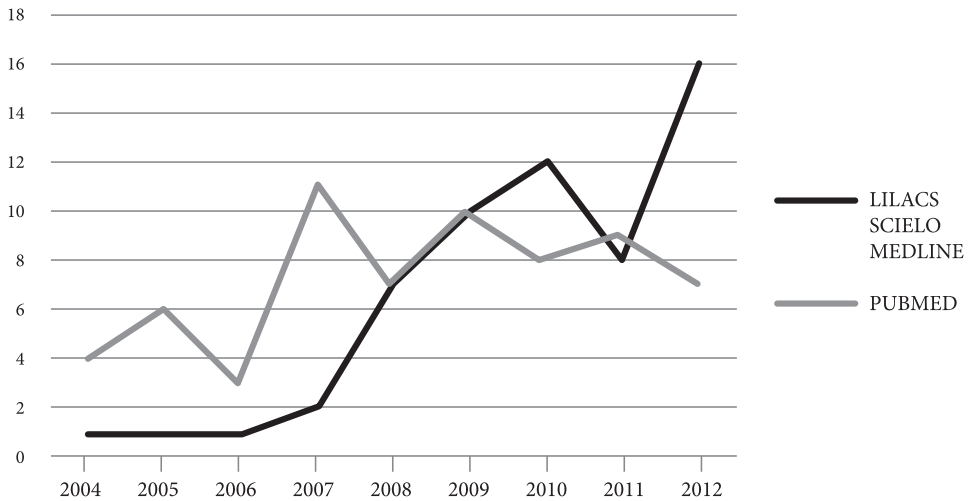


Figure 1- PRISMA Flow Diagram of the Research.



Based on the 123 initial results, a chart is drawn with the distribution of the literature by year to reflect the recent trends of the subject (Figure 2).

Figure 2 - Trend growth from the articles under investigation (from 2004 to 2012), about religiosity/ spirituality and quality of life of older adults - April, 2013.



Source: Virtual Health Library (Lilacs, Scielo, Medline; n=58), PUBMED (n=65). April, 2013.

For the analysis and synthesis subsequent to the selection of the publications that met the inclusion criteria a synoptic table was used considering the following aspects: authors, article title, place of origin and year of publication, study design and objective, sample size by gender, religiosity/spirituality and quality of life variables, main results and conclusions.

Of these 12 articles, the majority (n=8) were studies that analyzed the relationship between religion/spirituality and HRQoL, whereas the remaining four focused on general QoL as an outcome. All reviewed articles (100%) had a cross-sectional research design with level of evidence 4 (cross-sectional and qualitative studies) (STETLER *et al.*, 1998, p. 195-206). Nine of the studies (75%) reported a positive association between religious involvement and quality of life among older

adults in various spheres of life, whereas the remaining 3 studies reported no association between religiosity/spirituality and quality of life among older adults.

The religiosity variables used in these 12 articles were organizational religious affiliation (ORA or church attendance), non-organization religious affiliation (NORA or religious activities), personal spiritual beliefs, spiritual well-being, intrinsic and extrinsic religious motivation, and religious involvement and its importance. The instruments used to measure the above variables were: SRPB-tQOL 100 (Spiritual Religious Personal Beliefs), NORC (National Opinion Research Center), Brief Multidimensional Measure of Religious/Spirituality Scale, and Hodge's Intrinsic Religious Motivation Scale. The most common "quality of life" measures used were life satisfaction and health indicators. The instruments used for assessing HRQoL were EUROQOL (once), WHOQOL 100 (twice), WHOQOL BREF (three times), and SF-36 (three times).

The analysis of these studies showed that in some cases the concepts of spirituality and religiosity were not clearly or consistently defined. Despite that fact, we found substantial evidence on the importance of R/S in the quality of life (QoL) of older adults, as well as in health-related quality of life (HRQoL), particularly in mental health.

Results from association between R/S and QoL as an outcome

Four of the 12 studies demonstrated a positive association between religion/spirituality and QoL as an outcome (satisfaction with life and psychosocial QoL). Older adults (N=3,387) in these studies self reported that religion played an important role in their general quality of life.^{21,22,23,24}

In a study exploring whether participation in religious activities are related to satisfaction with life and depression, a convenience sample of community-dwelling older adults (N=489) in Nepal reported that these activities helped them coping with depression, increased sociability and decreased levels of depression in men who prayed more (GAUTAM *et al.*, 2007).

In a large study of a probabilistic older adult (N=2,143) sample in Sao Paulo, Brazil, belonging to a religion (97.6%) and valuing it (88.6%) appear to be important mechanisms of support for older adults, helping them cope with difficulties, contributing to greater life satisfaction and lowering helplessness and hopelessness (DUARTE *et al.*, 2008, p. 173-177). Religious involvement seems to have a significant effect on physical and emotional well-being, specially among widowed and terminally ill older adults (DUARTE *et al.*, 2008, p. 173-177). Similarly, in Rio de Janeiro, Brazil, a survey with 256 older adults to investigate the association between religious involvement and subjective well-being found that only subjective religiosity had a positive and significant relationship with life satisfaction (CARDOSO; FERREIRA, 2009, p. 380-393).

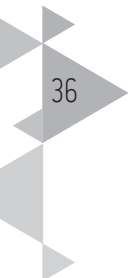
The fourth study in New Haven-NC-USA reported that among 499 older adults, those with deep religious commitment showed greater sociability (62%), better health (51%), lower depression scores (63%), and found life more exciting (49%) compared with less religious participants (IDLER; *et al.*, p. 528-37). Physically disabled participants benefited more from both public and subjective religious involvement than those who were not (IDLER *et al.*, 2009, p. 528-37). See Chart 1.

Chart 1 - Studies on religion/spirituality and “QoL”as an outcome

Authors	Gautam R, Saito T, Kai I. Leisure, religious activity participation and mental health: gender analysis of older adults in Nepal. BMC Public Health 2007;7:299.
Article title	
Source and year of publication	
Study design and objective	Cross-sectional, survey. Aim: to explore whether participation in religious activities are related to depression and satisfaction with life.
Sample	Convenience sample of 489 community-dwelling older
M=male	Adults. M= 247, F= 242.
F=female	

Religious and QoL variables	Religious activities + GDS (depression) and Satisfaction with Life (SWLS)
Main results and conclusions	Among specific leisure and religious activities, saying prayers ($B = -2.75$; $p < 0.005$) was correlated to lower depression for older men, but only watching television and listening to the radio ($B = -2.68$; $p < 0.005$) related to lower rates of depression for women.

Authors Article title Source and year of publication	Duarte YAO, Lebrão ML, Tuono VL, Laurenti R. Religiosity and aging: a profile analysis of aged people in Sao Paulo/Brazil. <i>Saúde Coletiva</i> 2008; 5(024):173-77. Sao Paulo, Brazil.
Study design and objective	Cross-sectional Aim: to identify main religious beliefs and their importance among older adults, associating them with social demographics, health conditions and satisfaction with life.
Sample M=male F=female	Probabilistic sample of 2143 old persons. M=887, F=1256.
Religious and QoL variables	Religious belief, importance of religion in life, satisfaction of life, despair, helplessness.
Main results and conclusions	Belonging to a religion (97.6%) and valuing it (88.6%) appear to be important mechanisms of support for older adults who face everyday problems, contributing to greater life satisfaction (82.3%), less helplessness (87.5%) and less despair (80.1%). Religious involvement seems to have a significant effect on the physical and emotional well-being of people.



Authors	Cardoso MCS &Ferreira MC
Article title	Religious Involvement and
Source and year of publication	Older adults Subjective Well-Being Psicologia Ciência e Profissão 2009; 29 (2), 380-393. Rio de Janeiro, Brazil.
Study design and objective	Cross-sectional study. Aim: to investigate the relationship between religious involvement and the subjective well-being of older adults.
Sample M=male F=female	Sample: 256 older adults. M=59 F=197, whose age ranged from 60 to 90 years.
Religious and QoL variables	Religious involvement (ORA, NORA and IR), life satisfaction (SWB), Positive and negative affections (PANAS) +
Main results and conclusions	In the linear multiple regression to the religious involvement dimensions, only the subjective religiosity (IR) had a positive and significant relationship with life satisfaction (B=0,25, t=3,75 e p<0,001). Protestant older adults presented a higher level of positive affections than Catholic ones did. The more subjective religiosity is, the greater the satisfaction with life.

Authors	Idler EL, McLaughlin J, Kasl S. Religion and the Quality of Life in the Last Year of Life.
Article title	Journal of Gerontology: Social Sciences 2009; 64B(4), 528–537.
Source and year of publication	New Haven, NC-USA.

<p>Study design and objective</p>	<p>Cross-sectional from a prospective cohort.</p> <p>Aim: to compare the quality of life of those who are religiously involved with that of those who are not.</p>
<p>Sample M=male F=female</p>	<p>Sample of 499 older adults, following an annual interview (EPESE).</p> <p>M=247, F=252.</p>
<p>Religious and QoL variables</p>	<p>Public and subjective religious involvement, indicators of health-related and psychosocial QoL.</p>
<p>Main results and conclusions</p>	<p>In a logistic regression model, the more deeply religious respondents were, the more likely they were to visit with friends (62%), and have better self-rated health (51%), fewer depressive feelings (63%), and to find life more exciting (49%) compared with the less religious. Disabled participants benefited more from both public and subjective religious involvement than those who were not.</p>

Results from the association between R/S and HRQoL as an outcome (positive association)

Five studies (of the 12) reported a positive association between religion/spirituality and HRQoL as an outcome among a total of 2,455 older adults from several sites. In one study from a cohort study in Chapel Hill–USA (N=277), the term spirituality (Spirituality Index of Well-Being - SIWB) was a predictor for HRQoL in older adults, but not religiosity. The participants stated that

the higher their level of spirituality, the more comfort and strength they had through faith and belief in God (DAALEMAN *et al.*, 2004, p. 49-53). However, this can be considered a tautological effect (REINERT; KOENIG, 2012, p. 2622-2634) since the use of a measure of spirituality can have a confounding effect on the mental health outcomes.

In another study with 50 older adults in Sao Paulo-Brazil, religion was considered to be extremely/very important, bringing the participants comfort, security and strength to overcome problems, loss and grief (MORAES; WITTER, 2007, p. 215-238). Interestingly, in a cross sectional study of 1958 with aged people in Rio de Janeiro, Brazil, it was noted that (older, evangelical, less educated) women obtained lower scores than men in all domains of quality of life. Individuals from the Catholic faith obtained better scores than Evangelicals for physical fitness (82.2%, CI=78.5-85.9) and vitality (65.2%, CI=63.2-67.1), even adjusting for gender, age, income and schooling. A detailed understanding of cultural variability from one country to another, or even from one state to another in the same country, is in fact critical to explain differences observed in dissimilar faith groups (LIMA *et al.*, 2009, p. 2159-2167).

In another Brazilian study, after controlling for confounding variables in a convenience sample of 110 outpatients in a rehabilitation setting in Sao Paulo-Brazil, religiousness was inversely correlated with depressive symptoms and pain rating, and was positively correlated with quality of life and cognitive functioning (LUCCHETTI *et al.*, 2011, p. 159-167).

In another study, religion/spirituality also had a positive influence in the mental health of 60 active older adults. Trying to identify if religious orientation had any impact on the HRQoL of seniors (BARRICELLI *et al.*, 2012, p. 505-515). Found that intrinsic religiosity also related to the general health of men ($p < 0.05$) (BARRICELLI *et al.*, 2012, p. 505-515). See Chart 2.

Chart 2 - Studies on religion/spirituality and “HRQoL” as an outcome (positive association)

Authors, Article title Source and year of publication	Daaleman TP, Perera S, Studenski SA. Religion, Spirituality, and Health Status in Geriatric Outpatients. Ann Fam Med 2004;2:49-53. Chapel Hill-NC
Study design and objective	Cross-sectional Aim: to examine the interaction of religion and spirituality with health-related quality of life in a community-dwelling geriatric population.
Sample, M=male F=female	277 aged patients from a cohort study M=144, F=133
Religious and HRQoL variables	5-item measure of religiosity (NORC) and 2 items spirituality (SIWB) + HRQoL (Euroqol)
Main results and conclusions	After univariate and multivariate analysis, quality of life and spirituality ($p < .01$) were all associated with HRQoL, but religiosity was not ($p = .12$). In a model adjusted for all covariates, however, spirituality remained independently associated with self-appraised good health ($p = .01$). Spirituality may be an important explanatory factor of subjective health status in older adults.
Authors, Article title Source and year of publication	Moraes NAS, Witter GP. Old age: intrinsic and extrinsic life quality. Boletim de Psicologia, 2007, v. LVII, n. 127: 215-238. Sao Paulo, Brazil.
Study design and objective	Cross-sectional. Aim: to investigate several aspects of (intrinsic and extrinsic) quality of life according to the opinions of older adults.

Sample, M=male F=female	50 older adults (65-86), 50% of each gender. M=25, F=25
Religious and HRQoL variables	Importance of religion and the practice of religious activities, WHOQoL – bref, and another instrument elaborated for the research.
Main results and conclusions	HRQoL, as measured by the WHOQoL-bref, was positively evaluated by 50 subjects (ages between 65 and 86 years). Religion was considered to be extremely/very important ($\chi^2 = 7.82; p \leq 0.05; df=3$). Contact with the Divine is important since it brings participants security and gives them spiritual comfort. Practice of religious activities was n°. 1 in leisure preference by older adults.



Authors, Article title Source and year of publication	Lima MG, Barros MBA, César CLG, Gouldbaum M, Carandina L, Ciconelli RM. Health related quality of life among older adults: a population-based study using the SF-36 survey. Cad. Saúde Pública 2009; 25(10):2159-2167. Rio de Janeiro, Brazil.
Study design and objective	Cross-sectional. Aim: to analyze the influence of different demographic and socioeconomic factors on the quality of life profile of the elderly
Sample, M=male F=female	A two-stage stratified cluster sample was obtained from 1958 elderly people. M=929, F=1029.
Religious and HRQoL variables	Religious affiliation (Catholic, Evangelical or unchurched) + SF-36 profile.
Main results and conclusions	Women obtained lower scores than men in all the domains of QOL. Using a multiple linear regression model, individuals from the Catholic faith obtained better scores than Evangelicals for physical fitness (82.2%, CI=78.5-85.9) and vitality (65.2%, CI=63.2-67.1), even adjusting for gender, age, income and schooling.

Authors, Article title Source and year of publication	Lucchetti G, Lucchetti ALG, Badan-Neto AM, Peres PT, Peres MFP, Moreira-Almeida A et al. Religiousness affects Mental Health, Pain and Quality of Life in Older People in an Outpatient Rehabilitation Setting J. Rehabil Med 2011; 43:316-22. SP. Brazil.
Study design and objective	Cross-sectional study Aim: to evaluate the relationship between religiousness and mental health, hospitalization, pain, disability and QOL in older adults.
Sample, M=male F=female	Convenience sample of 110 outpatients in a rehabilitation setting. M=29, F=81.
Religious and HRQoL variables	Private and social Religious Practice Scale (religious attendance and its importance in life) + Whoqol bref + GDS-15
Main results and conclusions	In a logistic and/or linear regression analysis, after controlling for confounding variables, religiousness was inversely correlated with depressive symptoms (OR=3.587 95%CI=1.045-12.312, p=0.042) and pain rating B=-1.065, p=0.045); and was positively correlated with HRQoL (OR=0.373 CI=0.149-0.933, p=0.035) and cognitive functioning (B=2.029, p=0.018). Clinicians should ensure that spiritual needs are addressed among older patients in rehabilitation settings.

Authors, Article title Source and year of publication	Barricelli ILFOBL et al. Influence of religious orientation in the quality of life of active older adults. Rev. Bras. Geriatr. Gerontol. 2012;15(3):505-15. SP-Brazil.
Study design and objective	Cross sectional. Aim: to identify forms of religious orientations, if intrinsic or extrinsic, and possible relation to the quality of life for active seniors.

Sample, M=male F=female	Sample of 60 active older adults (61-85) M=11 F=49.
Religious and HRQoL variables	Hoge Scale - Intrinsic Religious Motivation Scale + SF-36
Main results and conclusions	There was no statistically significant difference in all areas of the SF-36 among women with intrinsic and extrinsic religiosity. Statistically significant difference was only found among men in the field of "General Health", which was considered better among those with intrinsic religiosity (p<0.05)

Results from association between R/S and HRQoL (lack of association)

Even though religiosity may exert a protective effect on one's quality of life, some studies have demonstrated a negative association or even a lack of association, highlighting the need for more research in this area (ALVES *et al.*, 2009, p. 2105-2111).

A total of 2,450 older adults from Canada, Brazil and the U.S. participated in a survey concerning the relationship between religion/spirituality and HRQoL in three studies. These studies did not find any association between religiosity/spirituality and HRQoL nor any form of negative association (MOLZAHN, 2007, p. 32-9; FLORIANO; DALGALARRONDO, 2007, p. 162-170; VAHIA *et al.*, 2011, p. 97-102). In one of them, a convenience sample (N=426) of older adults listed the strongest predictors of overall HRQoL as social support and health satisfaction, but not spirituality, in a secondary analysis of Canadian community-based data (MOLZAHN, 2007, p. 32-39).

Another study compared members of an Evangelical church with Catholics. In the study, religiosity/spirituality was significantly associated to the worst

HRQoL in several areas for 82 older adults in Sao Paulo-Brazil, probably indicating that older adults with poor living conditions are seeking a church as an attempt (conscious or not) to minimize suffering (FLORIANO *et al.*, 2007, p. 162-170). Finally, spirituality was not associated with self-rated successful aging. Greater spirituality was correlated, however, with higher resilience and higher optimism in bivariate analyses (VAHIA *et al.*, 2011, p. 97-102). See Chart 3.

Chart 3 - Studies on religion/spirituality and HRQoL
as an outcome (lack of association between R/S and HRQoL)

<p>Authors, Article title Source and year of publication</p>	<p>Molzahn AE. Spirituality in Later Life: Effect on Quality of Life. Journal of Gerontological Nursing 2007; 33(1): 32-39. British Columbia, Canada.</p>
<p>Study design and objective</p>	<p>Cross-sectional Aim: to explore the effects of spirituality on quality of life in older adults when age, gender, social support, and health status are controlled.</p>
<p>Sample, M=male F=female</p>	<p>Convenience sample of 426 people, who volunteered to complete the questionnaire. M=115, F=311.</p>
<p>Religious and QoL variables</p>	<p>WHOQOL -100 (spirituality and HRQoL) and a demographic data sheet.</p>

Main results and conclusions	Results show that spirituality was not a significant factor contributing to HRQoL in this community-based sample ($r=0.19$), and that the strongest predictors of overall HRQoL were social support ($t = 9.87, p < .001$), and health satisfaction ($t = 6.854, p < .001$).
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Authors, Article title Source and year of publication	Floriano PJ, Dalgalarondo P. Mental Health, Quality of Life and Religion in an older adults sample of the Family Health Program (FHP). J. Bras. Psiquiatr 2007; 56(3):162-70. SP-Brazil.
Study design and objective	Cross-sectional. Aim: to evaluate the relationship between different dimensions in socio-cultural life: social support, religion, mental health and QOL.
Sample, M=male F=female	Systematic sample of 82 older adults. M=35, F=47.
Religious and QoL variables	Religious affiliation, frequency at church services, personal involvement, WHOQOL bref.
Main results and conclusions	In a sample of 82 older adults belonging to an Evangelical church religiosity/spirituality was significantly associated with worse HRQoL in the four domains of the WHOQOL-bref instrument. In logistic regression models, the Evangelicals presented greater risk for worse social, environmental, physical and psychological QoL than the Catholics (6, 8, 5 and 4 times, respectively).

Authors, Article title Source and year of publication	Vahia IV, Depp CA, Palmer BW, Fellow I, Goshan S, Thompson W et al. Correlates of Spirituality in Older Women. Aging Ment Health 2011;15(1): 97-102 -California/USA
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Study design and objective	Cross-sectional survey Aim: to examine the association between spirituality and optimism, resilience, depression, and health-related quality of life (HRQoL)
Sample, M=male F=female	1942 older women, between 60 and 91 years of age. F=1942.
Religious and QoL variables	2 items from Bref Multid. Measure of Relig/Spirit Scale and 3 items from Hodge's Intrinsic Rel Motivation Scale, SF36.
Main results and conclusions	Spirituality was not associated with self-rated successful aging of 1,942 older women, 60-91 years of age; however, greater spirituality correlated with higher resilience (CD RISC, $Rho = 0.282$, $p < 0.001$) and higher optimism (LOT, $Rho = 0.106$, $p < 0.001$).

Discussion

Some of the most important findings in this scientific review focusing on QoL as an outcome are: 1) involvement in religious activities, specifically saying prayers, was related to less depression for men; 2) belonging to a religion and valuing it was related to greater life satisfaction; 3) being deeply religious was related to a greater likelihood of having more friends and better self-rated health; 4) religious participants found life more exciting when compared to less religious people; and, finally: 5) religiosity motivated and brought encouragement to older adults who were suffering from depression, helplessness and loneliness at the end of their lives, specially the widowed and terminally ill. In terms of HRQoL as an outcome, the most important finding was that spirituality was associated with HRQoL, especially better physical fitness and vitality for Catholics. Intrinsic religiosity (how important religion is) was related with good general health for older men. Religiosity was also related with less depressive symptoms, less pain rating, better HRQoL and lower cognitive

impairment. The above findings have implications for maintenance and enhancement of the mental and physical health quality of life of older adults. Increasing evidence suggests in fact that greater adherence to religious beliefs can influence the population's physical and mental health (SILVA *et al.*, 2009, p. 1187-1192). There are several instruments that can assess spiritual suffering of patients in the clinical environment. These are suited and conducive to the formulation of spiritual diagnosis for clinical care (Spirituality Rating Scale; Pinto and Pais-Ribeiro's Spirituality Scale; and Spiritual Well-being Scale) (CHAVES *et al.*, 2011).

Review limitations

In three out of the 12 studies, the sample size was the convenience type, instead of a probability sample. This suggests that there was bias in the sampling, although justifiable due to the difficulty of finding severely ill patients suited for these studies (patients with depression, elderly volunteers, institutionalized and rehabilitation patients).

This integrative review of literature demonstrates that there is a scarcity of scientific studies in Brazil and abroad examining the link between religiosity/spirituality and the quality of life of older adults in the context of clinical nursing care. This review also shows that the studies conducted did not provide causal relationships for the associations due their cross-sectional designs. Longitudinal studies are needed to better evaluate causal links and the relationship between religiosity/spirituality and quality of life of older adults.

Conclusion

This literature review shows that despite a growing interest in the relationship between religion/spirituality and quality of life, nursing research and publications examining this association is still very scarce. Despite that fact, 75% of the studies under analysis show a positive association between religious involvement and quality of life/health-related quality of life in older adults in all areas (mental, social

and physical). Religiosity has been found to help older adults to face problems, cope with losses and overcome struggles, bringing security and spiritual comfort in their times of need. The practice of prayer was associated with less depression in older men. Belonging to a religion and valuing it was associated with greater satisfaction with life. Even after controlling confounding variables, religiosity was inversely correlated with levels of depressive symptoms and pain, and positively correlated with cognitive function and health-related quality of life. Current studies have a predominance of cross-sectional designs, which provide a low level of evidence and do not allow for causal relationships between the variables.

Finally, aging is a growing demographic reality. Public health systems for this population face many challenges, and religion/spirituality may be a positive strategy to help the healing process at no significant cost for the government. Religion can be a powerful resource for the health care of older adults, leading them to improved quality of life.

References

ABDALA, G. A.; RODRIGUES, W. G.; TORRES, A.; RIOS, M. C.; SOUZA, M. B. A religiosidade/espiritualidade como influência positiva na abstinência, redução e/ou abandono do uso de drogas. **Revista de Estudos da Religião**, v. 10, p. 77-98, 2010. Disponível em: <http://bit.ly/1LY5u32>. Acesso em: 13 jun. 2011.

ALVES, R. R. N.; ALVES, H. N.; BARBOZA, R. R. D.; SOUTO, W. M. S. The influence of religiosity on health. **Ciência e Saúde Coletiva**, v. 15, n. 4, p. 2105-11, 2009.

BARRICELLI, I. L.; SAKUMATO, I. K. Y.; SILVA, L. H. M.; ARAUJO, C. V. Influence of religious orientation in the quality of life of active elderly. **Revista Brasileira de Geriatria e Gerontologia**, v. 15, n. 3, p. 505-515, 2012.

BRASIL. Lei N 10.741, de 1º de Outubro de 2003. Dispõe sobre o Estatuto do Idoso e dá outras providências. Diário Oficial [da] Republica Federativa do Brasil. Brasília, DF, p. 68, 2003.

BRASIL; Ministério da Saúde; Secretaria de Atenção à Saúde; Departamento de Atenção Básica. **Envelhecimento e saúde da pessoa idosa**. Brasília: Ministério da Saúde, 2010. (Cadernos de Atenção Básica, 19).

CARDOSO, M. C. S.; FERREIRA, M. C. Envolvimento religioso e bem estar subjetivo em idosos. **Psicologia Ciência e Profissão**; v. 29, n. 2, p. 380-93, 2009.

CHAVES, E. C. L.; CARVALHO, E. C.; BEIJO, L. A.; GOYATÁ, S. L. T.; PILLON, S. C.; Efficacy of different instruments for the identification of the nursing diagnosis Spiritual distress. **Revista Latino-Americana Enfermagem**, v. 19, n. 4, 2011.

DAALEMAN, T. P.; PERERA, S.; STUDENSKI, S. A. Religion, spirituality, and health status in geriatric outpatients. **The Annals of Family Medicine**, v. 2, p. 49-53, 2004.

DUARTE, Y. A. O.; LEBRÃO, M. L.; TUONO, V. L.; LAURENTI, R. Religiosidade e envelhecimento: uma análise do perfil de idosos do município de São Paulo. **Saúde Coletiva**, v. 5, n. 24, p. 173-177, 2008.

FLORIANO, P. J.; DALGALARRONDO, P. Mental health, quality of life and religion in an elderly sample of the family health program. **Journal of Brazilian Psychiatry**, v. 56, n. 3, p. 162-70, 2007.

GAUTAM, R.; SAITO, T.; KAI, I. Leisure and religious activity participation and mental health: gender analysis of older adults in Nepal. **BMC Public Health**, v. 7, n. 299, 2007.

IDLER, E. L.; McLAUGHLIN, J.; KASL, S. Religion and the quality of life in the last year of life. **Journal of Gerontology: Social Science**; v. 64, n. 4, p. 528-537, 2009.

KIMURA, M.; SILVA, J. V. Índice de qualidade de vida de Ferrans e Powers. **Revista da Escola de Enfermagem da USP**, v. 43, p. 1098-1104, 2009.

KOENIG, H. G. **Spirituality and health research: methods measurement statistics and resources**. Pennsylvania: Templeton Press, 2011.

LIMA, M. G.; BARROS, M. B. A.; CÉSAR, C. L. G.; GOLDBAUM, M.; CARANDINA, L.; CICONELLI, R. M. Health Related Quality of Life among the elderly: a population-based study using SF-36 survey. **Caderno de Saúde Pública**, v. 25, n. 10, p. 2159-2167, 2009.

LOTUFO, N. F.; LOTUFO, J. Z.; MARTINS, J. C. **Influências da religião sobre a saúde mental**. Santo André: ESETec, 2009.

LUCCHETTI, G.; LUCCHETTI, A. L. G.; BADAN, N. A. M.; PERES, P. T.; PERES, M. F. P, MOREIRA, A. A. religiousness affects mental health, pain and quality of life in older people in an outpatient rehabilitation setting. **Journal Rehabilitation Medicine**, v. 43, p. 316-322, 2011.

LUCCHETTI, G.; LUCCHETTI, A. L. G.; BASSI, R. M.; NASRI, F.; NACIF, S. A. P. O idoso e sua espiritualidade: impacto sobre diferentes aspectos do envelhecimento. **Revista Brasileira de Geriatria e Gerontologia**, v. 14, n. 1, p. 159-167, 2011.

MINAYO, M. C.; HARTZ, Z. M. A.; BUSS, P. M. Qualidade de vida: um debate necessário. **Ciência e Saúde Coletiva**, v. 5, n. 1, p. 7-18, 2000.

MOLZAHN, A. E. Spirituality in later life: effect on quality of life. **Journal of Gerontological Nursing**, v. 33, n. 1, p. 32-39, 2007.

MORAES, N. A. S.; WITTER, G. P. Velhice: qualidade de vida intrínseca e extrínseca. **Boletim de Psicologia**, v. 57, n. 127, p. 215-238, 2007.

MOREIRA, A. A.; PINSKY, I.; ZALESKI, M.; LARANJEIRA, R. Religious involvement and sociodemographic factors: a Brazilian national survey. **Revista de Psiquiatria Clínica**, v. 37, n. 1, p. 12-15, 2010.

NERI, A. L. (Org). **Qualidade de vida e idade madura**. São Paulo: Papirus, 2009.

NETUVELI, G.; BLANE, D. Quality of life in older ages. **British Medical Bulletin**, v. 85, p. 113-126, 2008.

OTERO, R. A.; MUNÓZ, L. M. L.; BALBOA, C. T.; BANEGAS, J. R.; RODRÍGUEZ, A. F.; GUALLAR, C. P. Change in health-related quality of life as a predictor of mortality in the older adults. **Quality of Life Resource**, v. 19, p. 15-23, 2010.

PATRICK, D.; ERIKSON, P. Assessing Health-Related Quality of Life for clinical decision making. In: WALKER, S. R.; ROSSER, R. M. **Quality of life assessment: key issues in the 1990s**. Heidelberg: Kluwer Academic Publishers, 1993.

POLIT, D. F.; BECK, C. T. **Essentials of nursing research: methods, appraisal, and utilization**. Philadelphia: Lippincott Williams & Wilkins, 2006.

REINERT, K.; KOENIG, H. Re-examining definitions of spirituality in nursing research. **Journal of Advanced Nursing**, v. 12, p. 2622-2634, 2012.

SAWATZKY, R.; RATNER, P. A.; CHIU, L. A Meta-analysis of the relationship between spirituality and quality of life. **Social Indicators Research**, v. 72, p. 153-188, 2005.

SILVA, S. S.; KIMURA, M.; STELMACH, R.; SANTOS, V. L. C. Qualidade de vida e bem-estar espiritual em pacientes com doença pulmonar obstrutiva crônica. **Revista da Escola de Enfermagem da USP**, v. 43, n. 2, p. 1187-1192, 2009.

SOUZA, T. B. G. **Religiosidade e envelhecimento**: panorama dos idosos do município de São Paulo. Dissertação (Mestrado). School of Nursing. University of São Paulo, São Paulo, 2011.

STETLER, C. B.; MORSI, D.; RUCKI, S.; BROUGHTON, S.; CORRIGAN, B.; FITZGERALD, J. Utilization-focused integrative reviews in a nursing service. **Applied Nursing Research**, v. 11, n. 4, p. 195-206, 1998.

VAHIA, I. V.; DEPP, C. A.; PALMER, B. W.; FELOW, I.; GOSHAN, S.; THOMPSON, W. Correlates of spirituality in older women. **Aging Mental Health**, v. 15, n. 1, p. 97-102, 2011.